

Veterinary Safety

Business Name:		ABN:	
Business Address:			
Contact Person:	Phone:	Email:	

THIS RISK ASSESSMENT IS APPROVED BY THE PCBU ON THIS PROJECT

Under the Work Health and Safety Regulation (WHS Regulation), a person conducting a business or undertaking (PCBU) is required to ensure that a RISK ASSESSMENT is prepared before the proposed work starts.

Full Name:		
Signature:	Title:	Date:

CLIENT OR PRINCIPAL CONTRACTOR DETAILS

Client:	SCOPE OF WORKS
Project Name:	
Project Address:	
Project Manager:	
Contact Phone:	
Date Risk Assessment supplied to Project Manager:	

SAMPLE

RISK MATRIX									
LIKELIHOOD	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	SCORE	ACTION	HIERARCHY OF CONTROLS	
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE			Elimination Remove the hazard.	
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	DO NOT PROCEED	Substitution Replace the hazard.	
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before work starts.	Isolation Isolate People from the hazard	
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Ensure control measures in place.	Engineering Isolate the hazard	
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	Monitor and keep records.	Administrative Change	
								PPE	

Risk Rating & Required Action:	
4A	Stop work. The risk is intolerable. Eliminate the hazard or redesign the activity before proceeding. A Safe Work Method Statement (SWMS) or higher-level authorisation is required.
3H	Review and approve additional controls for the task parts. Senior supervisor sign-off needed.
2M	Ensure all nominated controls are in place and effective. Proceed with caution; monitor conditions.
1L	Proceed, following standard operating procedures. Monitor and keep records.

Consequence Scale:			
Consequence	People (injury/illness)	Project / Assets	Compliance / Reputation
Catastrophic	Fatality or permanent total disability	project shutdown	Significant regulator intervention; criminal prosecution
Major	Serious injury/illness (hospital > 5 days)	critical delay	Improvement notice; major media coverage
Moderate	Medical-treatment injury; lost-time > 1 day	moderate delay	Minor breach; adverse client comment
Minor	First-aid only, no lost time	negligible delay	Isolated non-conformance
Insignificant	No injury	no schedule impact	Deviation caught and corrected on site

Notes on Hierarchy of Controls:
Remember to apply controls in the preferred order shown by the coloured pyramid:

1. **Eliminate**
2. **Substitute**
3. **Isolate**
4. **Engineering**
5. **Administrative**
6. **PPE**

Always document **why** a lower-order control is accepted if elimination or substitution is not reasonably practicable.

aligned with Safe Work Australia's Managing the risk of fatigue at work (2023) and ISO 45001:2018 clauses 6–8.

JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
1. WHS Governance, Duties and Consultation	<ul style="list-style-type: none"> Lack of clear allocation of WHS due diligence responsibilities under WHS Act 2011 Inadequate consultation with veterinary staff, handlers and students on health and safety matters Absence of a documented WHS management plan specific to veterinary operations (small animal, large animal, mobile, equine, rehab) Insufficient worker participation in risk assessments for specialised activities (cytotoxic drugs, radioactive materials, tranquiliser gun use) Failure to include labour hire staff, locums, students and volunteers in WHS systems and communications Inadequate incident reporting and investigation processes leading to repeat events Poor integration of WHS requirements into clinical governance and quality systems 	4A	<ul style="list-style-type: none"> Establish and maintain a documented WHS management system aligned with WHS Act 2011, WHS Regulations 2011 and relevant Codes of Practice (e.g. Hazardous Chemicals, Radiation, Manual Tasks, Animal Contact) Clearly define and document officer due diligence responsibilities, line management WHS responsibilities and WHS committee / representative roles Implement formal consultation mechanisms (WHS committee, HSRs, toolbox meetings) that include clinical vets, nurses, animal handlers, rehab staff and students Integrate WHS risk management into clinical governance processes, including regular review of significant incidents, trends and corrective actions at management meetings Ensure the function of WHS communication systems explicitly cover contractors, locums, students, volunteers and visiting specialists Implement a standardised digital incident / near miss reporting and investigation system with root-cause analysis, lessons learned and close-out tracking Schedule periodic WHS system audits and management reviews, and allocate budget and resources to close out actions within defined timeframes 	3H
2. Clinical Risk Management and Veterinary Procedures Governance	<ul style="list-style-type: none"> Inconsistent risk assessment for new or high-risk veterinary procedures (e.g. equine dentistry, tranquiliser gun operations, radioactive and cytotoxic treatments) Lack of standardised clinical protocols for disease inspection, treatment application and rehabilitation programs Poor segregation between high-risk procedures and routine consultations leading to uncontrolled exposure of staff, clients and students Inadequate clinical handover processes between vets, shifts and locations (clinic, farm, racetrack, rehabilitation facility) 	4A	<ul style="list-style-type: none"> Implement a formal clinical risk assessment and approval process for all new or modified procedures, including equine dentistry, tranquiliser gun use, cytotoxic and radioactive treatments Develop and maintain evidence-based standard operating procedures (SOPs) for key clinical areas: disease inspection, treatment of animal diseases, animal health checks, rehabilitation and dentistry Design clinic layouts and scheduling systems to separate high-risk procedures (e.g. radiography, chemotherapy, infectious disease cases) from routine consultations Implement structured clinical handover tools and policies (including electronic records) covering diagnosis, treatment plans, disease status and WHS precautions Standardise consent documentation that clearly describes procedural, anaesthetic, radiation, cytotoxic and zoonotic risks for clients Conduct regular morbidity/mortality and adverse event reviews, documenting systemic corrective actions and feeding outcomes back into SOPs and training 	3H

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	<ul style="list-style-type: none"> Failure to obtain informed client consent regarding procedural and zoonotic risks Insufficient review of adverse clinical events and near misses to improve systems 			
3. Hazardous Chemicals and Cytotoxic Substances Management	<ul style="list-style-type: none"> Inadequate chemical inventory, labelling and safety data sheet (SDS) management for veterinary pharmaceuticals, disinfectants and cytotoxic agents Improper preparation, administration and disposal of cytotoxic substances used in veterinary oncology and other treatments Lack of exposure monitoring and health surveillance for staff routinely handling cytotoxic drugs and anaesthetic gases Inadequate spill response planning hazardous and cytotoxic agents in clinical, mobile and farm environments Use of decanted or diluted solutions in treatment and rehabilitation areas Non-compliant storage of animal drugs, oxidisers and cytotoxic waste 	4A	<ul style="list-style-type: none"> Implement a central hazardous chemicals register (including cytotoxic agents) with up-to-date SDSs accessible to all workers as required by WHS Regulations 2011 Develop specific cytotoxic drug handling and waste SOPs covering preparation (e.g. closed-system transfer administration), use, waste segregation and transport to licensed disposal facilities Provide local-for-purpose engineering controls such as biological safety cabinets or cytotoxic isolators where required, and ensure regular testing and certification Establish health monitoring programs for staff with significant cytotoxic or anaesthetic exposure, in accordance with WHS Regulations and medical guidance Develop standardised labelling and decanting procedures with training and periodic audits to eliminate unlabelled containers Implement spill response plans and kits for hazardous and cytotoxic substances, and conduct regular spill drills Ensure storage of hazardous and cytotoxic substances meets Australian Standards and radiation/chemical licensing conditions (segregation, ventilation, security) 	2M
4. Radiation and Radioactive Substances – Veterinary Use	<ul style="list-style-type: none"> Non-compliance with state or territory radiation safety legislation and licensing for use of X-ray, CT and radioactive substances Inadequate shielding, warning systems and access control for radiology suites and radioactive material storage Poorly controlled use of radioactive tracers or substances in diagnostic or treatment procedures Insufficient training and licensing of operators, including locums and after-hours staff 	4A	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	2M

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	<ul style="list-style-type: none"> Inadequate radiation dose monitoring and health surveillance for occupationally exposed workers Improper storage and disposal of radioactive waste and contaminated materials Use of mobile imaging equipment in uncontrolled environments (e.g. paddocks, stables, racetracks) without adequate planning 		[REDACTED]	
5. Animal Handling, Restraint and Behavioural Risk Management	<ul style="list-style-type: none"> Unsystematic assessment of animal behaviour and temperament before examination, treatment or rehabilitation Inadequate systems for matching animal risk level (e.g. fractious horses, aggressive dogs) with handler competency Poor availability or maintenance of appropriate restraint equipment (e.g. crushes, stocks, muzzles, gates, chutes) Lack of formal procedures for high-risk animal handling including equine dentistry and large animal disease inspection Insufficient communication between staff and handlers about animal status and safety boundaries during procedures Inadequate segregation of animals in waiting, holding and rehabilitation areas leading to conflict or escape 		[REDACTED]	2M
6. Use of Anaesthetics, Sedatives and Tranquilliser Guns	<ul style="list-style-type: none"> Absence of system-level controls for procurement, storage, issue and recording of sedatives and immobilising agents Improper risk assessment and authorisation processes for tranquilliser gun use in field operations or wildlife work Inadequate training and competency verification for personnel authorised to use tranquilliser guns and potent sedatives 	4A	[REDACTED]	2M

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	<ul style="list-style-type: none"> Uncontrolled human exposure to anaesthetic gases and injectable sedatives in theatres and treatment areas Lack of documented emergency response procedures for accidental self-inoculation, mis-fire or unintentional discharge Insufficient maintenance, calibration and secure storage of tranquiliser guns and related equipment 		[REDACTED]	
7. Zoonoses, Infection Prevention and Disease Control	<ul style="list-style-type: none"> Lack of a structured zoonoses and infection prevention program for staff, clients and students Inadequate screening, triage and isolation systems for animals with suspected infectious diseases Poor vaccination and health surveillance systems for workers at risk of zoonotic diseases (e.g. Q fever, rabies in relevant jurisdictions) Inconsistent cleaning, disinfection and waste management practices across clinics, mobile services and rehabilitation areas Inadequate integration of disease inspection and treatment activities in biosecurity plans on farms, feedlots and equine facilities Insufficient client education materials on zoonotic risk and infection control responsibilities 	4A	[REDACTED]	2M
8. Manual Tasks, Ergonomics and Rehabilitation Workloads	<ul style="list-style-type: none"> Poorly designed manual task systems for lifting, transferring and restraining animals and equipment Inadequate ergonomic design of treatment, equine dentistry and rehabilitation workstations (e.g. table height, positioning of instruments and imaging devices) High frequency repetitive tasks in grooming, dentistry, rehabilitation 	3H	[REDACTED]	2M

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	<ul style="list-style-type: none"> therapies and animal handling leading to musculoskeletal disorders • Insufficient staffing levels or use of inexperienced assistants for heavy or complex animal movements • Lack of structured return-to-work and rehabilitation planning for injured workers 		[REDACTED]	
9. Facility, Mobile Clinic and Vehicle Safety Management	<ul style="list-style-type: none"> • Inadequate design and maintenance of clinic buildings, stables, yards and rehabilitation facilities (slips, trips, structural failure, poor lighting and ventilation) • Lack of formal systems for inspection and maintenance of mobile clinics, veterinary vehicles and horse floats • Poor segregation of animal movement, vehicle traffic and pedestrian routes on properties and at clinics • Absence of journey and remote area work planning for veterinarians attending farm calls and equine events • Insufficient security and access control for after-hours operations including drug storage and controlled areas 	3H	[REDACTED]	2M
10. Occupational Violence, Psychological Health and Fatigue	<ul style="list-style-type: none"> • Exposure of staff to aggressive or distressed clients, including during financial discussions and animal euthanasia • High emotional load from frequent exposure to animal suffering, euthanasia and client grief • Long hours, on-call and irregular shifts leading to fatigue, especially for rural and equine practitioners • Lack of systems to manage bullying, harassment and occupational stress within veterinary teams • Insufficient supervision and support for new graduates, students and junior staff dealing with complex cases 	3H	[REDACTED]	2M

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			[REDACTED]	
11. Training, Competency and Supervision Systems	<ul style="list-style-type: none"> • Unstructured approach to verifying competency for high-risk tasks such as equine dentistry, radiography, cytotoxic handling and tranquiliser gun use • Inadequate induction for new workers, locums and students regarding site-specific hazards and WHS procedures • Insufficient ongoing professional development in WHS, infection control and emergency response • Lack of defined supervision levels for students, new graduates and less experienced staff in high-risk clinical areas • Training records not maintained, making it difficult to demonstrate compliance or identify skill gaps 	3H	[REDACTED]	2M
12. Emergency Preparedness and Response	<ul style="list-style-type: none"> • Lack of comprehensive emergency plans addressing fire, chemical and cytotoxic spills, radiation incidents, aggressive animals and tranquiliser gun mis-fires • Inadequate first aid arrangements for staff and clients including response to needlestick, cytotoxic exposure and zoonotic incidents • Poor integration of emergency arrangements with local emergency services, property owners and event organisers (e.g. equine events, race meetings) • Infrequent drills and exercises resulting in poor staff familiarity with emergency roles and procedures • Inadequate backup arrangements for power, IT and communications necessary for safe continuation of clinical services 	3H	[REDACTED]	1L

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13. Contractor, Supplier and Client Interface Management	<ul style="list-style-type: none"> Contractors (e.g. maintenance, radiation service providers, waste contractors, farriers, equine dentists) operating without adequate vetting or WHS coordination Poor management of on-site visitors, clients and students leading to exposure to clinical, chemical, radiation or animal handling risks Third-party rehabilitation or agistment providers not meeting equivalent WHS and animal handling standards Inadequate control of external laboratories and waste disposal services for cytotoxic, radioactive and biological materials 	3H	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	2M

SAMPLE

EMERGENCY RESPONSE – CALL 000 FOR EMERGENCIES

Ensure to have an Emergency Management Plan in place as well as adequate numbers of trained first aid staff with easy access to fully stocked first aid kits, rescue equipment, material safety data sheets, adequate access to emergency communication equipment and fire-fighting equipment suitable for all classes of fire and ignition sources.

LEGISLATIVE REFERENCES

RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES FOR ANY STATE THAT ARE NOT APPLICABLE

Queensland & Australian Capital Territory

Work Health and Safety Act 2011
 Work Health and Safety Regulations 2011
 Legislation QLD: <https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws>
 Codes of Practice QLD: <https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice>
 Legislation ACT: <https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations>
 Codes of Practice ACT: <https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice>

Victoria

Occupational Health and Safety Act 2004
 Occupational Health and Safety Regulations 2017
 Legislation VIC: <https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations>
 Codes of Practice VIC: <https://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice>

New South Wales

Work Health and Safety Act 2011
 Work Health and Safety Regulations 2025
 Legislation NSW: <https://www.safework.nsw.gov.au/legal-obligations/legislation>
 Codes of Practice NSW: <https://www.safework.nsw.gov.au/resource-library/list-codes-of-practice>

Western Australia

Work Health and Safety Act 2020
 Work Health and Safety Regulations 2022
 Legislation Western Australia: <https://www.commerce.wa.gov.au/worksafe/legislation>
 Codes of Practice WA: <https://www.commerce.wa.gov.au/worksafe/codes-practice>

Northern Territory

Work Health and Safety (National Uniform Legislation) Act 2011
 Work Health and Safety (National Uniform Legislation) Regulation 2011
 Legislation NT: <https://worksafe.nt.gov.au/laws-and-compliance/workplace-safety-laws>
 Codes of Practice NT: <https://worksafe.nt.gov.au/laws-and-compliance/codes-of-practice>

Safe Work Australia Links

Law and Regulation (All States): <https://www.safeworkaustralia.gov.au/law-and-regulation>
 Model Codes of Practice: <https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice>

South Australia

Work Health and Safety Act 2012 (SA)
 Work Health and Safety Regulations 2012 (SA)
 Legislation for SA: <https://www.safework.sa.gov.au/resources/legislation>
 Codes of Practice for SA: <https://www.safework.sa.gov.au/workplaces/codes-of-practice#COPs>

Model Codes of Practice

- Managing noise and preventing hearing loss at work
- Confined spaces
- Labelling of workplace hazardous chemicals
- Managing risks of hazardous chemicals in the workplace
- Welding processes
- First aid in the workplace
- Managing the risk of falls at workplaces
- Hazardous manual tasks
- Managing the risk of falls in housing construction
- Managing electrical risks in the workplace
- Demolition work
- Excavation work
- Work health and safety consultation, cooperation and coordination
- Managing the work environment and facilities
- How to manage work health and safety risks
- Managing risks of plant in the workplace
- Construction work

Tasmania

Work Health and Safety Act 2012
 Work Health and Safety (Transitional and Consequential Provisions) Act 2012
 Work Health and Safety Regulations 2012
 Work Health and Safety (Transitional) Regulations 2012
 Legislation for TAS: <https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations>
 Codes of Practice for TAS: <https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice>

Details of permits, licenses or access required by regulatory bodies (add or delete as required):

- Permits from local council
- Authorisation to commence work
- Any required documents.